

Craig Dispatch Database Information Update

For 2007 Fire Season

Name
IQCS Employee Number (<u>Required</u> , should be on your red card)
SSN (only required for new employees <u>not in IQCS</u>)
DOB
Home Unit
Agency
E-Mail
Supervisor
Employment Status (i.e. PFT, Seasonal)
Fitness Score
Fitness Date
Refresher Date
Home Mailing Address(with city, state, and zip)
Home Phone
Work Phone
Work Cell Phone
Personal Cell Phone
Pager
Satellite Phone
Emergency Contact
Emergency Contact Address (No PO Boxes) (City, State, Zip)
Emergency Contact Phone

When completed, return to:
 Craig Interagency Dispatch Center
 455 Emerson St.
 Craig, CO 81625
cocrc@dms.nwcg.gov

Or Fax: 970-826-5051